

§157.123. Regional Emergency Medical Services/Trauma Systems

(a) The bureau of emergency management (bureau) shall recognize the establishment of a regional emergency medical services (EMS)/trauma system (system) within a trauma service area (TSA) as described in §157.122 of this title (relating to Trauma Service Areas).

(b) Establishment of a regional EMS/trauma system consists of three phases.

(1) The first phase begins with the establishment of a regional advisory council (RAC) and ends with recognition of the RAC by the bureau.

(A) All health care entities who care for trauma patients should be offered membership on the RAC.

(B) The bureau shall recognize only one official RAC for a TSA.

(C) At least quarterly, a RAC shall submit evidence of on-going activity, such as meeting notices and minutes, to the bureau.

(D) Annually, the RAC shall file a report with the bureau which describes progress toward system development, demonstrates on-going activity, and includes evidence that members of the RAC are currently involved in trauma care.

(E) The RAC functions without the expectation of comprehensive, permanent and/or unrestricted state funding.

(F) RACs may request technical assistance from the bureau at any time.

(2) The second phase begins with RAC recognition by the bureau and ends with approval of a complete EMS/trauma system plan (plan) by the bureau.

(A) The RAC shall develop a system plan based on standard guidelines for comprehensive system development. The system plan is subject to approval by the bureau.

(B) The bureau shall review the plan to assure that:

(i) all counties within the TSA have been included unless a specific county, or portion thereof, has been aligned within an adjacent system;

(ii) all health care entities and interested specialty centers have been given an opportunity to participate in the planning process; and

(iii) the following components have been addressed:

- (I) injury prevention;
- (II) access to the system;
- (III) communications;
- (IV) medical oversight;
- (V) prehospital triage criteria;
- (VI) diversion policies;
- (VII) bypass protocols;
- (VIII) regional medical control;
- (IX) regional trauma treatment protocols;
- (X) facility triage criteria;
- (XI) inter-hospital transfers;
- (XII) planning for the designation of trauma facilities,

including the identification of the lead facility(ies); and

(XIII) a performance improvement program that evaluates processes and outcomes from a system perspective.

(C) Bureau approval of the completed plan may qualify health care entities participating in the system to receive state funding for trauma care if funding is available.

(3) The third phase begins with approval of a complete plan by the bureau and ends with the regional EMS/trauma system being recognized by the bureau.

(A) Upon approval, a RAC implements the plan to include:

- (i) education of all entities about the plan components;
- (ii) on-going review of resource, process, and outcome data; and
- (iii) if necessary, revision and re-approval of the plan or plan

components by the bureau.

(B) At any time following implementation of the plan, a RAC may request recognition as a regional EMS/trauma system which will include:

(i) an on-site review by a team composed of bureau staff and trained non-Texas Department of Health surveyors;

(ii) bureau evaluation of a report developed following the on-site review; and

(iii) notification of the RAC by the bureau of the results of the review.